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Office Use Only



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## COVER LETTER

TO: Registration So Division of Con				
	Consulting LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed dirticles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Yvonne Pena			
		Name of Person		
	<del></del>	Firm/Company		22 1
	3828 Emerald Estates Circ	de		22 AUG 11 AH
		Address		<del>-</del> 5
	Apopka FL 32703			AH 6: 54
	pena l 797@bellsouth.net	City/State and Zip Code		: <b>2</b> t
	E-mail address: (	to be used for future annual report no	otification)	
For further information c	concerning this matter, please c	all:		
Lucas Pamplona		412 515-6384 at ()		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	l'Status &
Mailing Addres Registration		Street Address: Registration S	ection	
Division of C P.O. Box 632		Division of Co The Centre of	=	
r.U. BOX 0.52	<u>.</u> 1	ine Centre or	i ananassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Solid USA Consulting LLC			
(Name of the Lin	ited Liability Company as it no (A. Fierida I ii ii ed Liabil iv Co	w appears on our records.) अभवन्य,	
The Articles of Organization for this Limited	Liability Company were file	d on 11/30/2016	and assigned
lorida document number L16000217668	<u></u> .		
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability com	pany here:	
ne new name mast be distinguishable and contain the	words "Limited Liabibly Compa	y," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:		22
Principal office address MUST BE A STREET ADDRESS)			<b>A</b> (St.)
		4	5,5,-
Enter new mailing address, if applicable:			<u> </u>
<u> Aailing address MAY BE A POST OFFICI</u>	<u> </u>		5 📆
			<del></del>
. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	•	on our records, <u>enter the</u>	name of the new registe
,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3828 Emerald Estates Cit	ro lo	
New Registered Office Address:		Enter Florida street address	_ <del></del>
	Арсука	, Florid	a 32703
	City	, Fronta	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the originions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been northed in writing of this change.

> Gronne Pena If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	N wre	Address	Type of Action
MGR	Loreca M. De Sousa	1043 Tournaline Drive	
		Kissimmee FL 34746	
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			□Remove
			AUGRemeyed All Change Allow
			Change 5
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an effective	date, if other than re date is listed, the date	must be specific ar	nd cannot be prior	to date of filing or	more than 90 days	after filing.) Purs	uant to 60	05.020 sted a
<u>Note:</u> If t locument	he date inserted in the s effective date on the	is block does not be Department of	, meet the applications. State's records.	able statutory in	mg requirements	, mis date with	100 00 11	3100
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record s	ecifies a delayed eff	ective date, but n	ot an effective ti	me, at 12:01 a.n	n, on the earlier o	f: (b) The 90t	h day af	ter the
d is filed.								
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)ated	2/2022		_ ·	·				
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	/ -	- , y <del>-</del>	=					
		Signature of	a niember or author	orized representat	ive of a member			